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FEC FORM 1

STATEMENT OF ORGANIZATION

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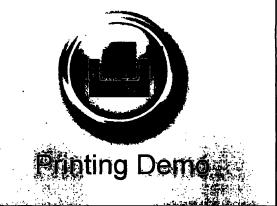
2012 NOV 14 AM 7: 48

FORM 1		UNGANIZATION				FEG. MALL, CENTER		
NAME OF COMMITTEE (in	n full)	(Check if is change		Example: If typing, type over the lines.	12FE4M			
401(K) AV	IERIC/	PAC.			1111			
								
ADDRESS (number a	nd street)	267 W. V	MIEUC	A ROAD, N.E	···			
(Check if a	ddress	SUITE 2	02					
is changed)		ATLANT	A		GA	30342		
			С	πγ	STATE	ZIP CODE		
COMMITTEE'S E-MA	AIL ADDRESS	S (Please provide	only one e-n	nail address)				
(Check if is change					<u>.</u>			
COMMITTEE'S WEB	PAGE ADD	RESS (URL)	45.	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
(Check if	addrace		, s., 622 , 		4 1 1 4 4			
is change		<u> </u>	<u> </u>					
2. DATE	√M / D √D) (1	' v '	·				
3. FEC IDENTIFIC	CATION NUI	MBER	c CO	0528430	. •			
4. IS THIS STATE	MENT	NEW (N)	OR	AMENDED (A)				
I certify that I have	examined this	s Statement and	to the best	of my knowledge and belief	it is true, correc	ct and complete.		
Type or Print Name	of Treasurer	\mathcal{M}	<u>'</u>		MIC	MARC B. FORTUNE		
Signature of Treasur	er <u>C</u>	W.	70	>	Date 11	" ′ 0'8° ′ 2'01'2		
NOTE: Submission of				nay subject the person signin	-	o the penalties of 2 U.S.C. §437g.		
Office Use Only				For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)		

PEC PC	rage 2
TYPE OF C	COMMITTEE
Candidate	e Committae:
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affiliat	Office State ion Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	Corporation w/o Capital Stock Labor Organization
	Membership Organizatien Trode Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number C
, 2 .	FEC ID number C
3.	FEC ID number C
4.	

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Write or Type Committee Name	9	
401(K) AMERIC	A PAC	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh	ip PAC Sponsor
NONE	<u> </u>	
Mailing Address		
	CITY STATE 2	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Full Name		
Mailing Address		11111
Title or Position	CITY STATE Z	ZIP CODE
	Telephone number	
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	ne and address of
Full Name of Treasurer		
Mailing Address		
		11111
Title or Position	CITY STATE Z	IP CODE
	Telephone number	

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
		1 1 1 1 1	
	CITY	STATE	ZIP CODE
Title or Position	1	. 1	
	LILILLL Telephone no	amper [_
safety deposit boxes or management of Bank, Depository	, etc. K OF NORTH GEORGIA (334 EAST PACES FERRY ROAI (334 EAST PACES FERRY ROAI)) 	·
	ATLANTA.	GA	30305
	CITY	STATE	ZIP CODE
Name of Bank, Depository	,, etc.		
<u> </u>	. 		
Mailing Address			<u> </u>
		<u> </u>	
	<u> </u>		
	CITY	STATE	ZIP CODE



Federal Election Control ENVELOPE REPLACEMENT PAGE For The FEC added this page to the end of this for the End of this for End of the End of	OR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or S	ignature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registrati	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt ce
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
a	11/14/m
PREPARER (3/2005)	DATE PREPARED